



LODI PUBLIC LIBRARY

Teen Advisory Council

APPLICATION form

Logo should be in color, as on p. 20.

Please complete the following form if you'd like to become involved with the Library's Teen Advisory Council. TAC members meet once a month to advise, promote and initiate Lodi Library's teen programs and services. Please return the complete form to your Teen Council contact person.

Your Name: _____ Age: _____

Street Address: _____ Apt: _____

City: _____ Zip: _____ E-mail: _____

Home Phone: _____ Alternate Phone: _____

Your School: _____ Grade: _____

If you are bilingual, which language(s)? _____

What activities are you involved in? _____

What interests fill your leisure time? _____

What times are you available for a Teen Council meeting? _____

Emergency Contact Name: _____ Phone: _____

Applicant's Signature: _____ Date: _____

If you are less than 18 years of age, you need to obtain parental/guardian consent:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Home Phone: _____ Alternate Phone: _____